



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

NWCA

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION  
1001 Bishop Street, ASB Tower Suite 970  
Honolulu, Hawaii 96813  
(P.O. Box 616, Honolulu, Hawaii 96809)  
Telephone: (808) 587-0460  
Fax: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period:

[X] January 1 - last day of February

[ ] March 1 - April 30

[ ] May 1 - December 31

Year of Report 20 07

Contact person

Donna Spalding

Phone

604-681-9515

Organization

North West Cruise Ship Assoc.

Mailing Address

100-1111 W. Hastings StreetVancouver, BCV6E 2J3

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 7415.79

## EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	<u>\$ 7200.00</u>	11. Other disbursements	<u>\$ 215.79</u>
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	<u>\$ 7415.79</u>

## COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
1) <u>Charlie Toguchi</u>	<u>47-640 Hui Ulii Street</u> <u>Kaneohe, HI 96744-4645</u>	<u>\$ 1200.00</u>
2) <u>Patrick Shaw</u>	<u>PO Box 29217</u> <u>Honolulu, HI 96820</u>	<u>\$ 6000.00</u>

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable☐ Contributions received in the total sum of \$25 or more per person were received from the following persons

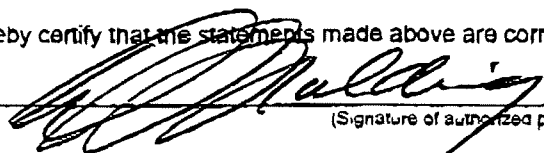
Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce                      | <input checked="" type="checkbox"/> Hawaiian Affairs    | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input checked="" type="checkbox"/> Health              | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Public Safety & Corrections             |  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  
 (Signature of authorized person)

 3/15/07  
 (Date)

Name of authorized person (type or print)

DONNA SPALDING

Title of authorized person

DIRECTOR ADMINISTRATION